

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">08971851</div>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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48							98						
49							99						
50							100						
TOTAL IND.			TOTAL DEP.			TOTAL CLAIMS		TOTAL IND.			TOTAL DEP.		
TOTAL CLAIMS			TOTAL CLAIMS			TOTAL CLAIMS		TOTAL CLAIMS			TOTAL CLAIMS		